



Water Resources Program
Request for Determination of Water Budget Neutrality

☐ SURFACE WATER ☒ GROUND WATER

Please ensure that the form is completely filled out.

Incomplete forms will lead to longer processing times, and may be rejected.

Section 1. APPLICANT

Applicant/Business Name: Arthur Eshe	Phone No: (206) 714-7703	Other No:
Address: 321 Range View Road		
City: Cle Elum	State: WA	Zip: 98926
Email Address (optional): <u>AWEESHE@MSN.COM</u>		

Contact Name (if different from above): Jill Van Hulle	Phone No: (360) 413-1510	Other No:
Relationship to Applicant: Consultant		
Address: 312 4 th Avenue East		
City: Olympia	State: WA	Zip: 98501
Email Address (optional): Jill@pgwg.com		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: Single domestic supply and irrigation of 500 square feet, 7 lots will be supplied by this well, with each owner acquiring individual mitigation

Anticipated length of time to complete your project: N/A home to be constructed in future

Is this for an existing use, established prior to July 16, 2009? ___ Yes ___ X No

If yes, when was the water first regularly and beneficially used? _____

For Ecology Use	APPLICATION NO: <u>6435576</u>	SEPA: Exempt/Not Exempt
	Fee Paid: <u> </u> Check No: <u> </u>	ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____	Priority Date <u>07-24-2012</u> By <u> </u> WRIA: <u>39 Kitt</u>

Water Use: List all proposed uses and the quantity required for each. (For example: domestic, group domestic, lawn or commercial garden, municipal water supply, stock watering or industrial.)

Purpose(s) of Use	Rate (check one box only) <input type="checkbox"/> Cubic Feet per Second (CFS) <input checked="" type="checkbox"/> Gallons per Minute (GPM)	Total Water Use* in Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
Single Domestic Supply	7.14	0.392	Year-round
Irrigation of 500 sq-ft	Same	0.022	Seasonal
TOTAL:	50 (total for all 7 lots to be supplied by well) 7.14 gpm per lot	0.414	
*Total water use is the total quantity = 325,851 gallons).			

Section 3. POINT OF DIVERSION OR WITHDRAWAL

Complete A or B, and C below

A.) If Surface Water Source	B.) If Ground Water Source
<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____ Source Name: _____ Tributary to: _____ Number of proposed diversion points: _____ Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have an existing well? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____ Existing well diameter & depth: 6-inches to 70 feet If available, attach Water Well Report and pump test. Well Tag ID No. <u>AKW 634</u> Number of proposed points of withdrawal: <u>1</u>

C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
953673	NW	NE	19	20	14E	Kittitas
Lot(s)	Block(s)		Subdivision			
8B						

If available, GPS (Global Positioning System) device location:

Latitude: _____ N Longitude: _____ W

Datum and units (for example NAD83 and decimal degrees, etc): _____ (required for all GPS locations)

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:

_____ Feet (☐ North/☐ South) and _____ feet (☐ East/☐ West)

from the (☐NW ☐SW ☐NE ☐SE ☐ _____) corner of Section _____.

NOTE: If more than one point of diversion/withdrawal, attach additional information on a separate sheet of paper. A map identifying the well location within the parcel is required for all existing wells proposed for use under this request (see below).

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map. Please ensure that the well location and parcel number listed in Section 3 matches the well location on the site map and on the well log. If there are any differences please provide an explanation on a separate sheet of paper. Unclear well locations may cause delays in processing the request.

Section 4. WATER SYSTEM INFORMATION

Complete A or B, C, D, E and F below

A.) Domestic Water Systems only

Projected number of connections to be served:
1

Type of connections; home
(e.g., home, recreational cabin)

B.) Municipal Water Systems only (defined under RCW 90.03.015)

Present population to be served water:

Estimate future population to be served:
_____ (20 year projection)

C.) Water System Planning

Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? ☒ YES ☐ NO

If yes, date plan was approved ____/____/____ Water System Number: AB764

Name of water system: Toby Johnson Water System

Are you within the service area of an existing water system? ☒ YES ☐ NO

If yes, explain why you are unable to connect to the system: Home is served by Group B system

D.) On-Site Septic

Will there be an on-site septic system? ☒ YES ☐ NO

If yes, please provide a copy of the property covenant that restricts or prohibits trees or shrubs over the septic drain field. **Septic to be constructed, Covenant will be filed upon completion of Ecology's determination.**

E.) Sanitary Sewer System

Will domestic wastewater be discharged to a sanitary sewer system? ☐ YES ☒ NO

If yes, please provide a copy of the sewer utility agreement that serves the proposed project.

F.) Irrigation

Total number of acres requested to be irrigated under this application = _____ Acres or 500 square feet

NOTE: Outline the area to be irrigated on your attached map.

(1 acre = 43,560 square feet)

Section 5. MITIGATION

To request a determination of Water Budget Neutrality under Chapter 173-539A WAC, the applicant must identify an existing trust water right or pending application to place a water right in trust. The trust water right(s) must:

- Contribute an equal or greater amount to Yakima River flow during the irrigation season, as measured at Parker.
- Have a priority date earlier than May 10, 1905.
- Be eligible to be used for instream flow protection and mitigation of out-of-priority uses.

A) Existing Trust Water Right

Please identify existing trust water right(s) for use as mitigation.

Water Right No.	Rate (check one box only)	Acre-Feet per Year (AF/YR) (If known)	Priority Date
	<input checked="" type="checkbox"/> Cubic Feet per Second (CFS) <input type="checkbox"/> Gallons per Minute (GPM)		
A portion of Court Claim 1676 and 2222 within sub-basin No 5, (CS4-01676sb5d@3)	0.224	16.55 (consumptive use)	June 30, 1900
TOTAL:		16.55	

B) Proposed Trust Water Right Application

Please identify the pending application(s) to place a water right(s) into trust for use as mitigation.

Water Right No.	Rate (check one box only)	Acre-Feet per Year (AF/YR) (If known)	Priority Date
	<input checked="" type="checkbox"/> Cubic Feet per Second (CFS) <input type="checkbox"/> Gallons per Minute (GPM)		
TOTAL:			

C) Quantity of Trust Water Right(s) listed in Section 5 (A) and (B) Acquired for Mitigation

Please list the specific quantity in AFY of Trust Water Right(s) listed in Sections 5(A & B) that have been acquired to offset consumptive use associated with this proposed new use of groundwater: **0.138 AFY**

Note: You may wish to refer to the online water use calculator for example consumptive use calculations:

<http://www.ecy.wa.gov/programs/wr/cro/wtrxchg.html>

Additional information regarding consumptive use can be found in Chapter 173-539(A)-050(3) WAC.

Section 6. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

LOT 8B of OLD CEDARS SHORT PLAT 07-24; SEC 19, TWP 20, RGE 14 E.W.M.

¼	¼	Section	Twp.	Range	County	Parcel No.
NW	NE	19	20	14E	Kittitas	953673

Section 7. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my request, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though employees of the Department of Ecology may have assisted me in the preparing this application, I am fully responsible for the accuracy of the information provided.

X Arthur W. Eshe
Print Name
(Applicant or authorized representative)

Arthur W. Eshe
Signature

July 22, 2012
Date

X Arthur W. Eshe
Print Name
(Land Owner, if seeking to use the ground water exemption)

Arthur W. Eshe
Signature

July 22, 2012
Date

Submit this form to:

DEPARTMENT OF ECOLOGY
WATER RESOURCES PROGRAM
CENTRAL REGIONAL OFFICE
15 W. YAKIMA AVE, SUITE 200
YAKIMA, WA 98902-3452

Upon Recording Return to:

Steve Locati
Stewart Title of Kittitas County, LLC
208 W Ninth, Suite 6
Ellensburg, WA 98926

DRAFT

DOCUMENT TITLE:	DECLARATION OF COVENANT (ONSITE SEPTIC SYSTEM)
GRANTOR:	ARTHUR ESHE
PARTIAL LEGAL DESCRIPTION	LOT 8B OF OLD CEDARS SHORT PLAT 07-24; SEC. 19, TWP 20, RGE 14 E.W.M.
ASSESSOR'S TAX PARCEL NO:	953673

DECLARATION OF COVENANT (ONSITE SEPTIC SYSTEM)

THE GRANTOR is the owner in fee simple of the following described real property in Kittitas County, Washington, to wit:

LOT 8B OF OLD CEDARS SHORT PLAT 07-24; SEC. 19, TWP 20, RGE 14 E.W.M.

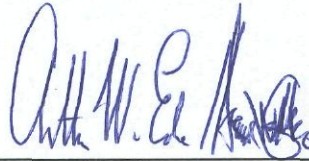
On which Grantor is permitted to own and operate an onsite septic system pursuant to state administrative rule or county ordinance.

THE GRANTOR agrees and covenants that said Grantor, and Grantor's heirs, successors and assignees shall not plant or maintain, or suffer to be planted or maintained, any trees or shrubs over said septic system's drainfield.

These covenants shall run with the land and shall be binding on all parties having or acquiring any right, title, or interest in the land described herein or any part thereof, and shall insure to the benefit of each owner thereof.

Dated this 22 day of July, 2012.

By: _____



Arthur Eshe

STATE OF WASHINGTON)

) ss

COUNTY OF _____)

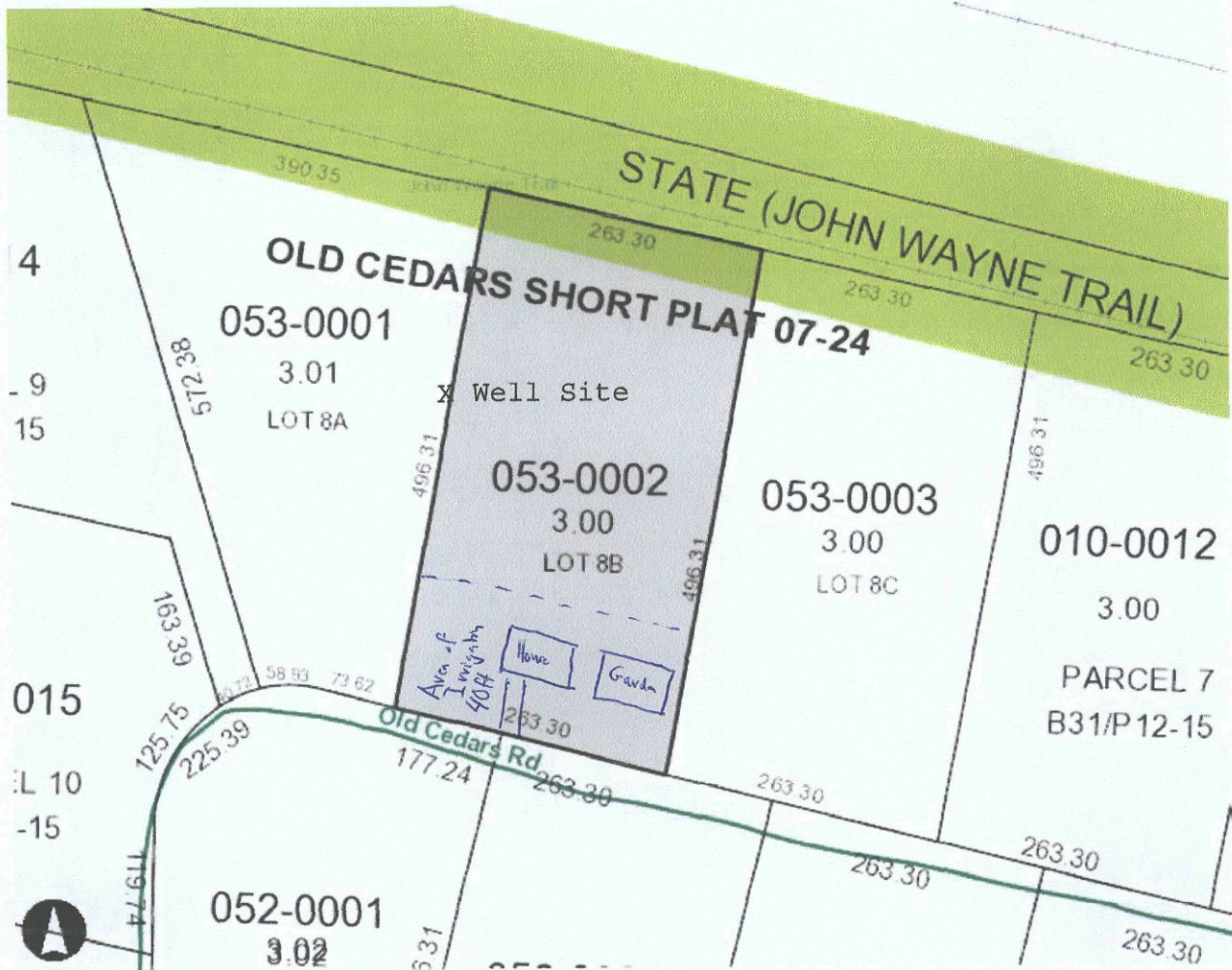
DRAFT

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

Notary Public in and for the State of Washington

Residing at _____

My appointment expires: _____





Construction/Decommission ("x" in circle)

- ☐ Construction
☐ Decommission *ORIGINAL CONSTRUCTION Notice of Intent Number* _____

PROPOSED USE: ☐ Domestic ☐ Industrial ☐ Municipal
☐ DeWater ☐ Irrigation ☐ Test Well ☐ Other

TYPE OF WORK: Owner's number of well (if more than one) _____
☒ New Well ☐ Reconditioned Method: ☐ Dug ☐ Bored ☐ Driven
☐ Deepened ☐ Cable ☒ Rotary ☐ Jetted

DIMENSIONS: Diameter of well 6 inches, drilled 70 ft.
Depth of completed well 70 ft.

CONSTRUCTION DETAILS
Casing ☒ Welded 6" Diam. from 12 ft. to 60 ft.
Installed: ☐ Liner installed 5" Diam. from 40 ft. to 50 ft.
☐ Threaded _____" Diam. from _____ ft. to _____ ft.

Perforations: ☐ Yes ☐ No
Type of perforator used _____
SIZE of perfs _____ in. by _____ in. and no. of perfs _____ from _____ ft. to _____ ft.

Screens: ☒ Yes ☐ No ☒ K-Pac Location 40
Manufacturer's Name Johnson
Type _____ Model No. _____
Diam. 5" Slot Size 30 from 60 ft. to 65 ft.
Diam. 5" Slot Size 20 from 65 ft. to 70 ft.

Gravel/Filter packed: ☐ Yes ☐ No ☐ Size of gravel/sand _____
Materials placed from _____ ft. to _____ ft.

Surface Seal: ☒ Yes ☐ No To what depth? 25 ft.
Materials used in seal Benoni 4
Did any strata contain unusable water? ☐ Yes ☒ No
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

PUMP: Manufacturer's Name _____
Type: _____ H.P. _____

WATER LEVELS: Land-surface elevation above mean sea level _____ ft.
Static level 11 ft. below top of well Date _____
Artesian pressure _____ lbs. per square inch Date _____
Artesian water is controlled by _____
(cap, valve, etc.)

WELL TESTS: Drawdown is amount water level is lowered below static level.
Was a pump test made? ☐ Yes ☐ No If yes, by whom? _____
Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.
Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.
Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.
Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)
Time Water Level Time Water Level Time Water Level
_____ _____ _____ _____ _____ _____
Date of test Approx 35 min
Bailer test _____ gal./min. with _____ ft. drawdown after _____ hrs.
Airstest _____ gal./min. with stem set at 68 ft. for 6 hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water _____ Was a chemical analysis made? ☐ Yes ☐ No

Unique Ecology Well ID Tag No. AKW 1034

Water Right Permit No. _____

Property Owner Name LODY JOHNSON

Well Street Address Nelson Sidling Rd

City Cleburn County G. H. T. S.

Location NW 1/4- 1/4 NE 1/4 Sec 01 Twn 17 R 18 EWM circle or one

Lat/Long: Lat Deg _____ Lat Min/Sec _____ WWM

Long Deg _____ Long Min/Sec _____

Tax Parcel No. 2014 19010 000 3

CONSTRUCTION OR DECOMMISSION PROCEDURE

Formation: Describe by color, character, size of material and structure, and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information. Indicate all water encountered.
(USE ADDITIONAL SHEETS IF NECESSARY.)

[illegible]

WELL CONSTRUCTION CERTIFICATION: I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

☒ Driver ☐ Engineer ☐ Trainee Name (Print) Steve Mills

Driller/Engineer/Trainee Signature [Signature]

Driller or Trainee License No. 1335

If trainee, licensed driller's _____
Signature and License no.

Drilling Company Waterman Well Drilling

Address PO Box 246

City State Zip Seaside WA 98992

Contractor's WATERBURY DR

Registration No. 470000 Date 20

GRAPHIC SCALE



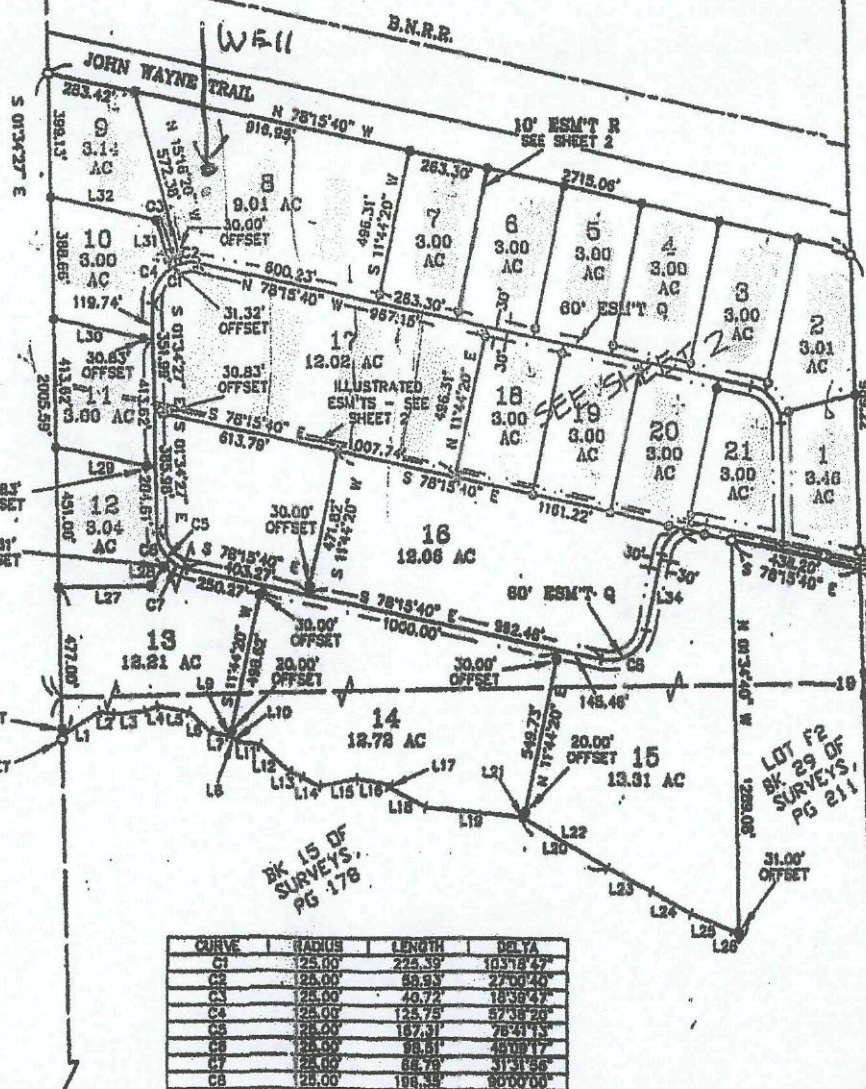
LEGEND

- SET 5/8" REDBAR W/ YELLOW CAP - "CRUISE 18078"
- FOUND PIN & CAP
- — — FENCE
- — — EASEMENT

LINE	DIRECTION	DISTANCE	LINE	DIRECTION	DISTANCE
L1	N 58°59'54" E	125.24'	L18	S 84°43'18" E	132.79'
L2	S 80°21'17" E	44.68'	L19	S 84°49'07" E	310.18'
L3	N 84°48'42" E	100.79'	L20	S 80°50'36" E	328.83'
L4	N 88°48'37" E	41.28'	L21	S 80°50'36" E	6.23'
L5	S 80°22'38" E	103.72'	L22	S 80°50'36" E	321.30'
L6	S 48°08'00" E	98.83'	L23	S 83°38'08" E	184.47'
L7	S 77°32'37" E	58.35'	L24	S 81°38'19" E	148.22'
L8	S 82°31'33" E	38.43'	L25	S 89°11'17" E	151.82'
L9	S 82°31'33" E	10.19'	L26	S 81°11'11" E	36.07'
L10	S 82°31'33" E	28.14'	L27	N 89°25'43" E	183.19'
L11	S 80°20'07" E	71.32'	L28	N 24°03'41" E	102.13'
L12	S 48°50'41" E	127.68'	L29	N 78°15'40" W	324.67'
L13	S 88°31'47" E	44.37'	L30	S 78°15'40" E	323.67'
L14	S 88°08'27" E	24.08'	L31	N 18°16'20" W	183.39'
L15	N 78°34'31" E	128.87'	L32	N 78°15'40" W	344.61'
L16	S 80°28'28" E	108.08'	L33	N 08°34'10" W	38.19'
L17	S 02°31'20" E	12.07'	L34	N 11°44'20" E	281.82'

ILLUSTRATED NOT VISITED 18 17
19 20

TOBY JOHNSON
WATER SYSTEM
PINK



CURVE	RADIUS	LENGTH	DELTA
C1	25.00	224.39	103°18'47"
C2	25.00	88.93	27°00'40"
C3	25.00	40.72	18°39'47"
C4	25.00	125.75	57°38'28"
C5	25.00	187.31	78°49'13"
C6	25.00	98.51	49°08'17"
C7	25.00	88.78	31°31'56"
C8	25.00	198.35	80°00'00"

KITTAS CO.
SHORT PLAT
NO. SP-94-92
PK E. PGS 26-27

SECTION LINE IS
WEST TERMINUS
OF ESM'T 74
SEE APN
200502140016

60' PRIVATE
ACCESS ESM'T H

WILSON SIDING ROAD

ILLUSTRATED NOT VISITED
LOT F2
BK 29 OF
SURVEYS,
PG 211
KITTAS CO.
SHORT PLAT
NO. SP-01-26

AUDITOR'S CERTIFICATE 200502160006

Filed for record this 16TH day of FEBRUARY,
2005, at 12:22 P.M. in Book 31 of Surveys at
page(s) 12 at the request of Cruise & Associates.

JERALD PETTY, JR.
KITTAS COUNTY ASSESSOR
SURVEYOR'S CERTIFICATE

This map correctly represents a survey made by
me or under my direction in conformance with
the requirements of the Survey Recording Act
at the request of MIKE MILLER
in NOVEMBER of 2004.

Charles A. Cruise, Jr.
CHARLES A. CRUISE, JR.
Professional Land Surveyor
License No. 18078

FEBRUARY 16, 2005
DATE



CRUISE & ASSOCIATES
PROFESSIONAL LAND SURVEYORS
217 East Fourth Street P.O. Box 958
Ellensburg, WA 98926 (509) 962-8242
INT'D / DAD / IVA / DAD / DAD / IVA

